

Jet Propulsion Laboratory
California Institute of Technology
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**AUTHORIZATION AND RELEASE
FOR PHOTOS, AUDIO AND/OR VIDEO RECORDINGS OF,
AND/OR ARTWORK
& EMERGENCY MEDICAL AUTHORIZATION**

SUBJECT: PRODUCTION/OUTREACH PROJECT:

(Project) ____ Student Showcase _____

I, _____, hereby grant to the California Institute of Technology
(Institute) and its Jet Propulsion Laboratory (JPL) the right to make, use, create derivative works, and/or display

(1) photos, video and/or audio tape recordings of me and/or

(2) artwork (in any media, including drawings, photos, music and video creations) created by me and submitted to JPL,

in any manner or form, and for any lawful purpose at any time. I also grant the Institute the right to use my name associated with such photos, recordings of me or with my artwork. I understand that I may be photographed and/or video or audio taped verbatim and that the Institute may allow persons external to the Institute to view the pictures or recordings in part or in their entirety. I also understand that any artwork submitted by me to the Institute for the Project may be edited, reproduced or displayed publicly at the Institute's discretion. I am fully aware and agree that such use of my image or artwork may include posting on publicly available internet sites, including JPL sites and other publicly viewable social media sites. I waive any right that I may have to review or approve of the finished products, or the uses to which such products may be applied. I release and discharge the Institute, its employees, sponsors, and subcontractors from any liability to me by virtue of any representation that may occur in the creation, editing or use of said photos and/or video or audio tape recordings or the editing or use of my artwork.

In the event that I should sustain injuries or illness while involved in the Student Showcase, I authorize Caltech to administer, or cause to be administered, such first aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital of Caltech's choice. I accept full responsibility for any medical expenses incurred as a result of these actions.

I have read this agreement before signing below and warrant that I fully understand its contents.

Signed: _____

Print Name: _____ Date: _____

Address: _____